



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

November 30, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#16 NOVEMBER 30, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**DEPARTMENT OF TREASURER AND TAX COLLECTOR:
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 11370509, in amount of \$8,910.01
2. Account Number 12137715, in amount of \$215,834.00
3. Account Number 11764262, in amount of \$4,767.53
4. Account Number 11789316, in amount of \$6,431.99
5. Account Number 11290884, in amount of \$4,257.00
6. Account Number 12107625, in amount of \$2,000.00

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

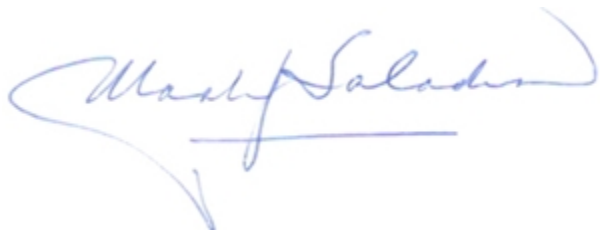
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:KG:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 110A

Amount of Aid	\$33,310.00	Account Number	11370509
Amount Paid	0.00	Name	Adult Male
Balance Due	33,310.00	Service Dates	Inpatient: 12/14/06 thru 12/18/06 Outpatient: Various 01/21/06 thru 02/08/07
Compromise Amount Offered	8,910.01	Facility	LAC USC Medical Center
Amount to be Written Off	\$24,399.99	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at LAC USC Medical Center at a cost of \$33,310.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$15,000.00	\$15,000.00	50.00%
Attorney Cost	3,269.97	2,769.97	9.24%
County of Los Angeles	33,310.00	8,910.01	29.70%
Net to Client	N/A	3,320.02	11.06%
Total	\$51,579.97	\$30,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from friends and relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 110B

Amount of Aid	\$643,972.00	Account Number	12137715
Amount Paid	0.00	Name	Adult Male
			Inpatient: 10/01/09 thru 11/16/09
Balance Due	643,972.00	Service Dates	Outpatient: Various 11/18/09, 11/25/09
Compromise Amount Offered	215,834.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$428,138.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a flash fire and toxic fumes accident. He was treated at LAC USC Medical Center at a cost of \$643,972.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$648,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$216,000.00	\$215,833.33	33.31%
Attorney Cost	500.00	500.00	0.08%
County of Los Angeles	643,972.00	215,834.00	33.31%
Net to Client	N/A	215,832.67	33.30%
Total	\$860,472.00	\$648,000.00	100.00%

Our financial investigation reveals that the client receives financial assistance from friends and relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 110C

Amount of Aid	\$20,046.00	Account Number	11764262
Amount Paid	0.00	Name	Adult Female
			Inpatient: 01/09/09 thru 01/12/09
Balance Due	20,046.00	Service Dates	Outpatient: 01/23/09 and 02/13/09
Compromise Amount Offered	4,767.53	Facility	LAC USC Medical Center
Amount to be Written Off	\$15,278.47	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$20,046.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.34%
Attorney Cost	31.29	31.29	0.21%
Los Angeles City Fire Department	932.50	466.25	3.11%
County of Los Angeles	20,978.50	4,767.53	31.79%
Net to Client	N/A	4,734.93	31.55%
Total	\$26,942.29	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income from Social Security benefits. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 110D

Amount of Aid	\$22,828.00	Account Number	11789316
Amount Paid	0.00	Name	Adult Female
Balance Due	22,828.00	Service Dates	Inpatient: 08/24/07 thru 08/28/07 Outpatient: 08/09/07 and 09/25/07
Compromise Amount Offered	6,431.99	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,396.01	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a pedestrian versus truck accident. She was treated at LAC USC Medical Center at a cost of \$22,828.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,000.00	\$ 8,000.00	40.00%
Attorney Cost	709.04	709.04	3.54%
County of Los Angeles	22,828.00	6,431.99	32.16%
Net to Client	N/A	4,858.97	24.30%
Total	\$31,537.04	\$20,000.00	100.00%

Our financial investigation reveals that the client receives public assistance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 110E

Amount of Aid	\$18,536.00	Account Number	11290884
Amount Paid	0.00	Name	Adult Male
Balance Due	18,536.00	Service Dates	06/30/06 thru 07/02/06
Compromise Amount Offered	4,257.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$14,279.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$18,536.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	798.54	798.54	5.32%
Gerber Ambulance	799.00	166.66	1.11%
Luis Magdareno, M.D.	479.00	83.33	0.56%
Richard Smith, M.D.	430.00	83.33	0.56%
Torrance Fire Department	358.00	83.33	0.56%
County of Los Angeles	18,536.00	4,257.00	28.38%
Net to Client	N/A	3,527.81	23.51%
Total	\$27,400.54	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself and a family of four with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 110F

Amount of Aid	\$25,050.00	Account Number	12107625
Amount Paid	0.00	Name	Adult Male
Balance Due	25,050.00	Service Dates	Outpatient: Various 07/28/05 thru 12/06/06
Compromise Amount Offered	2,000.00	Facility	Martin Luther King Drew Medical Center
Amount to be Written Off	\$23,050.00	Service Type	Outpatient

JUSTIFICATION

The client was involved in a home accident. He was treated at Martin Luther King Drew Medical Center at a cost of \$25,050.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 5,000.00	33.33%
Attorney Cost	65.00	0.00	0.00%
Centinela Hospital Medical Center	148,403.00	3,000.00	20.00%
Los Angeles City Fire Department	528.50	100.00	0.67%
Emergency Physicians Services	330.00	50.00	0.33%
County of Los Angeles	25,050.00	2,000.00	13.33%
Net to Client	N/A	4,850.00	32.34%
Total	\$180,376.50	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from friends and relatives. He has no other source of income or tangible assets.